

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		5 30 00
O.I.P.E. CLASSIFIER		8	6 600
FORMALITY REVIEW	RE	20816	02-17-00
RESPONSE FORMALITY REVIEW	LH	10005	11-25-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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